

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS79AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/26/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BECKY'S HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4055 CLOUD NINE LANE LAS VEGAS, NV 89115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/26/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of C.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category I and II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 10/26/10, the facility failed to ensure 1 of 4 employees met	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1  background check requirements of NRS 449.176 to 449.188 (Employee #4 no fingerprints, no state background check results).  This was a repeat deficiency from the 4/28/10 and 10/15/09 State Licensure surveys.  Severity: 2 Scope: 2	Y 105			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on observation on 10/26/10, the facility failed to ensure the premises was clean and well maintained. (exterior water heater door was damaged, torn screen door from living room, bent window screen on north side of house, lint behind dryer)  Severity: 2 Scope: 3	Y 178			
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary  NAC 449.217 1. The equipment in a kitchen of a residential	Y 250			

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Y 250	Continued From page 2  facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.  This Regulation is not met as evidenced by: Based on observation on 10/26/10, the food preparation area was not clean allowing for the sanitary preparation of food (grease on range hood and wall by hood).  Severity: 2 Scope: 3	Y 250			
Y 276 SS=F	449.2175(7) Nutrition and Service of Food  NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.  This Regulation is not met as evidenced by: Based on observation and interview on 10/26/10, the facility failed to post meal times.	Y 276			

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Y 276	Continued From page 3  Severity: 2      Scope: 3	Y 276		
Y 878 SS=G	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review on 10/26/10, the facility would be unable to administer as needed a medication as prescribed for 1 of 6 residents because his medication was not available at the facility (Resident #1).</p> <p>Findings include: Resident #1 did not have his Risperidone medication on site. According to the Medical Administration Record, the resident had not received this medication since 10/16/10 (10 days). The medication was supposedly going to be delivered by the resident's sister.</p> <p>On 10/26/10 the pharmacy that previously filled the prescription was called. The pharmacist stated that the Risperidone medication had been picked up from the pharmacy by the resident's sister. According to the owner of the care facility,</p>	Y 878		

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Y 878	Continued From page 4  the medication was retrieved from the sister and brought to the care facility on the afternoon of 10/26/10.  This was a repeat deficiency from the 10/15/09 State Licensure survey.  Severity: 3 Scope: 1	Y 878			
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review on 10/26/10, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, no TB test; and #2, no results from TB test) and 1 of 6 residents had a pre-admission physical exam (Resident #1).  This was a repeat deficiency from the 10/15/09 State Licensure survey.  Severity: 2 Scope: 2	Y 936			

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